

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIMS BEST CALCULATION SHEET (203-433-0001-FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT	
						CLAIMS	
	AS FILED	AFTER 1ST AMENDMENT	AFTER 2ND AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1							51
2							52
3							53
4							54
5							55
6							56
7							57
8							58
9							59
10							60
11							61
12							62
13							63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
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31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL INC.	2						
TOTAL DEP.	12						
TOTAL CLMNS	20						
REG'D. CLMNS	20						